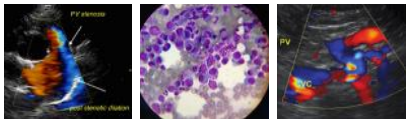
IMAGING PERFORMED BY

IntraPet.com



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DATE
7/29/22

PATIENT
Laci Kraft

SPECIES
Feline

BREED
Siamese Mix

SEX
Spayed Female

AGE
11/4/2020

WEIGHT
7.3 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Nacke-Horney

INVOICE
16594

PRESENTING CLINICAL SIGNS

History: Referral for vomiting and suspect FB.

Current Medications: Buprenorphine.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. Near the trigone, there is an echogenic granular appearing density without acoustic shadow that appears to possibly be attached to the wall, such as a pedunculated polyp, however, aggregated debris, mucus, blood clot, etc. adhered to the wall cannot be ruled out. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. There is a scant amount of anechoic free fluid noted at the level of the trigone.

Left kidney is normal is size (3.29 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (3.46 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland area is examined without evident pathology.

Right adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

A scant amount of anechoic free fluid is present near the level of the trigone.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- Moderate acute pancreatitis is suspected.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

Secondary Findings

- Urinary bladder debris +/- a polyp, can't be ruled out

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

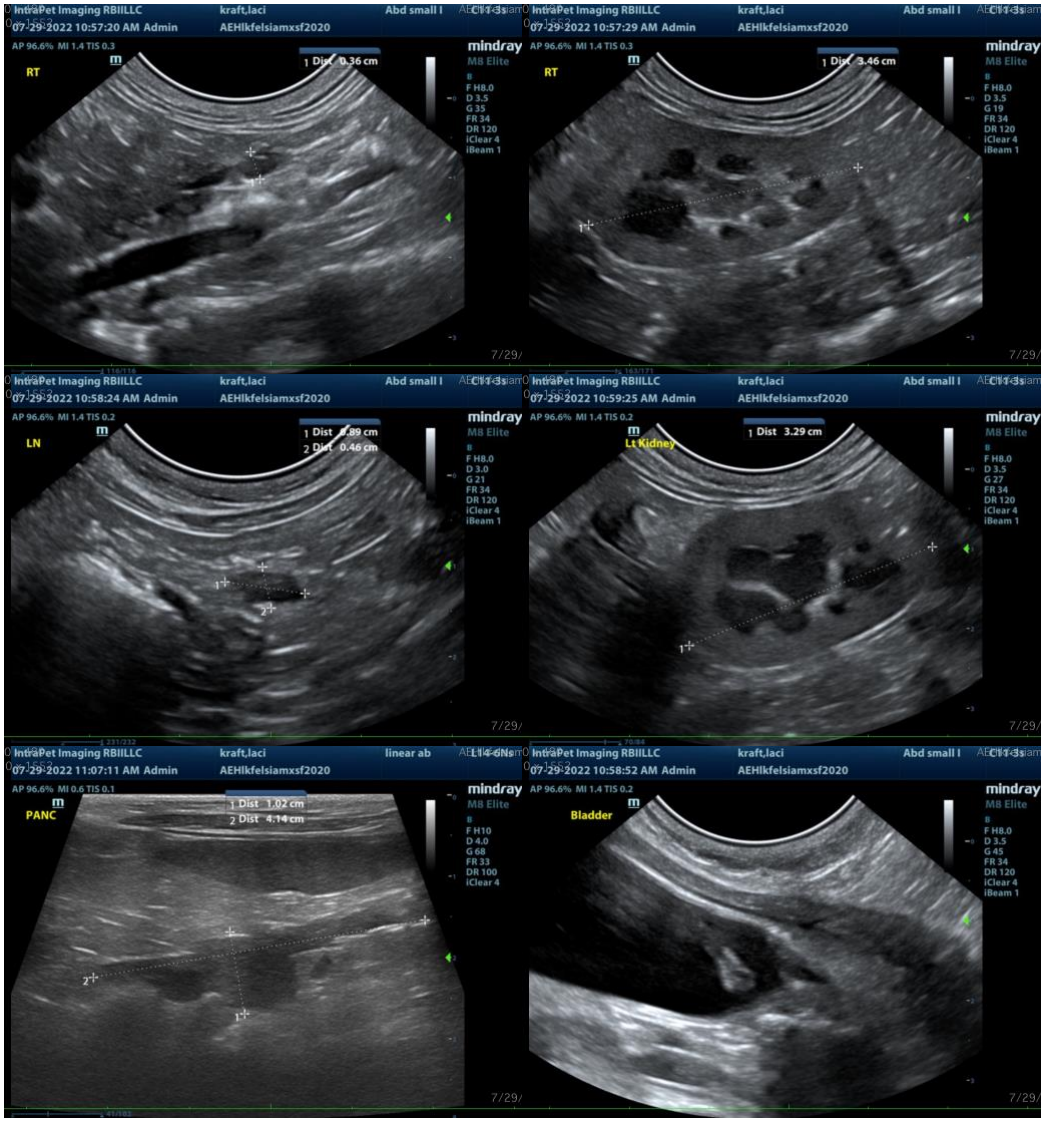
Recommendations for this patient include:

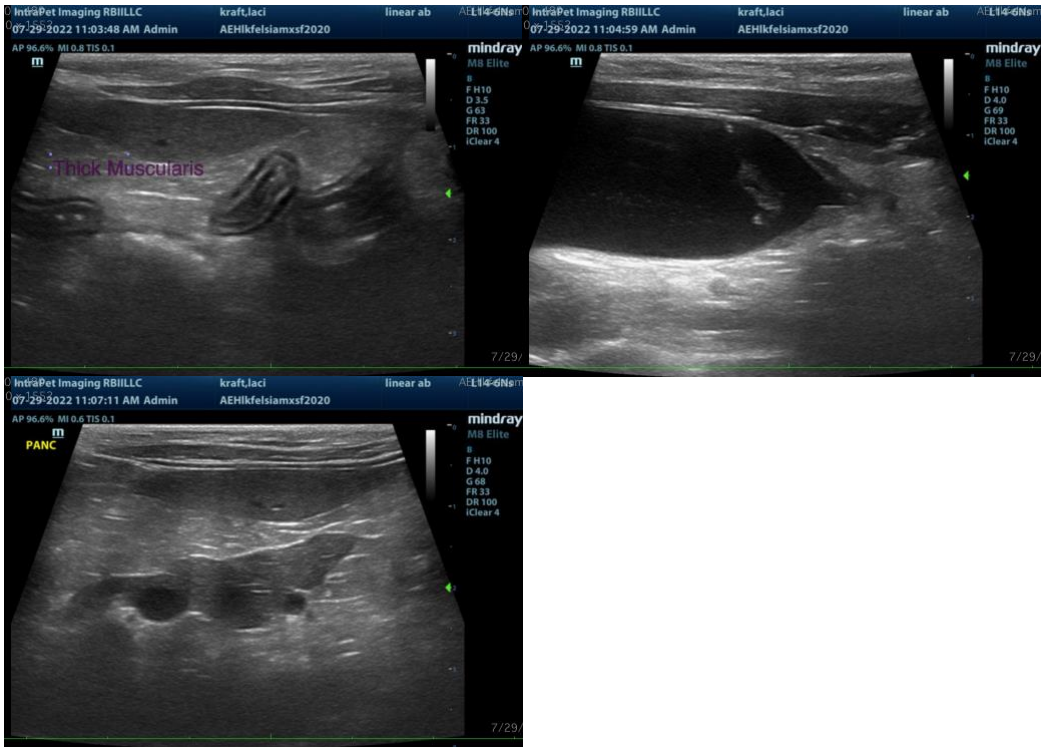
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

There is no evidence of an obstructive or foreign material noted in these images. Therefore, recommendations include medical management of acute pancreatitis with antiemetics, gastroprotectants, appetite stimulants or nutritional support (as needed), pain management (if indicated), fluid therapy, etc.

Given this patients young age and bowel changes, transition to a novel hydrolyzed protein diet could also be considered. However, if GI signs persist, biopsies of the GI tract, being sure to include ileum (if possible) may be required to definitively diagnose and therefore manage suspected infiltrative bowel disease, if not responsive to management of pancreatitis and diet change alone.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM
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